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THE ROLE OF FEMALE SEX IN THE CONTEMPORARY TREATMENT OF THE LEFT MAIN CORONARY ARTERY INSIGHTS FROM THE W- DELTA (WOMEN- DRUG ELUTING STENT FOR LEFT MAIN CORONARY ARTERY DISEASE) REGISTRY

Oral Contributions
West, Room 2022
Saturday, March 09, 2013, 8:45 a.m.-8:55 a.m.

Session Title: Left Main and Bifurcation PCI
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Background: Limited data are available on the optimal treatment of women with unprotected left main coronary artery (ULMCA) disease. The aim was to specifically evaluate long-term clinical outcomes in women treated with percutaneous coronary intervention (PCI) with drug-eluting stents (DES) vs. coronary artery bypass grafting (CABG).

Methods: All consecutive women from the Drug Eluting stent for LefT main coronary Artery disease (DELTA) Registry with ULMCA disease treated by PCI with DES or CABG were analyzed. A propensity matching was performed to adjust for baseline differences between the 2 treatment groups.

Results: In total, 818 women were included: 489 (59.8%) underwent treatment with PCI with DES vs. 329 (40.2%) with CABG. Propensity score matching identified 176 matched pairs of patients, with no differences in the primary study objective of death, myocardial infarction (MI) or cerebrovascular accident (CVA) (Hazard Ratio [HR] 0.711; 95% Confidence Interval [CI] 0.387-1.308; p=0.273), all-cause (HR 0.722; 95% CI 0.357-1.461; p=0.365) or cardiovascular mortality (HR 1.100; 95% CI 0.455-2.660; p=0.832), MI (HR 0.362; 95% CI 0.094-1.388) or CVA (HR 1.200; 95% CI 0.359-4.007; p=0.767). However, there was an advantage of CABG over PCI in major adverse cardiovascular and cerebrovascular events (MACCE) (HR 0.429; 95% CI 0.254-0.723; p=0.001), driven exclusively by target vessel revascularization (TVR) (HR 0.185; 95% CI 0.079-0.432; p<0.001).

Conclusions: In women with significant ULMCA disease, no difference was observed in death, MI and stroke at long term follow-up. However, repeat revascularization remained higher in the PCI cohort.